

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025385

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1792

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON BARRACKSLength of stay in 1b
390 DAYSc. FULL NAME OF (If NOT in hospital, give location) HOSP.
HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST LOUIS

c. CITY OR TOWN JENNINGS

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
7306 JENWOODReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GUY

Middle

Last

BAKER

4. DATE OF DEATH

Month

Day

Year

JUNE 15, 1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
8-9-939. AGE (last birthday)
68IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MACHINIST (Disabled)10b. KIND OF BUSINESS OR INDUSTRY
LANDIS MACHINE CO11. BIRTHPLACE (City and state or country)
FREDRICKTOWN, MO.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
GEORGE BAKER13b. MOTHER'S MAIDEN NAME
WINIE MITCHELL14. NAME OF HUSBAND OR WIFE
NONE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. GRACE SHIPLEY, O'DELLAddress JENNINGS, MO.
7306 JENWOOD18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR-PULMONALE

INTERVAL BETWEEN
ONSET AND DEATH
3 DAYSConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

PULMONARY EMPHYSEMA OBSTRUCTIVE

15 YEARS

DUE TO (c)

CHRONIC BRONCHITIS, ASTHMATIC TYPE

15 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

ARTERIOSCLEROSIS GENERAL

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-22-61 to 6-15-62

Death occurred at 1:05 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Earl M Schellhouse, MD

22b. ADDRESS

VAH JEFFERSON BARRACKS, MISSOURI

22c. DATE SIGNED

6-15-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

June 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Normandy, St. Louis Co., Missouri

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Av
St. Louis, 7, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-15-62

26. REGISTRAR'S SIGNATURE

J. B. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

3

4 0

5 2

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7 0

8 2

9 5020

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12 48-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3757

P. O. Address St. James St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.